

Methamphetamine Research and Effects Within the TANF Population

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Region VIII

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Executive Summary

The six States that comprise the U.S. Department of Health and Human Services (HHS) Region VIII—Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming—have experienced significant increases in methamphetamine production, use, arrests, and demands for treatment. Because of methamphetamine’s particular toxicity, and the imminent danger it creates for children, substance abuse treatment, welfare, and other social service agencies have an urgent need for tools and strategies to address methamphetamine use. Federal officials (Regional Temporary Assistance for Needy Families [TANF] staff) designed and convened this conference to help substance abuse and welfare officials from Region VIII States better integrate substance abuse treatment and employment services for methamphetamine addicts receiving welfare benefits.

Methamphetamine in the Region

- Most national data sets show a growing prevalence of methamphetamine use nationally, with higher levels of use in the West than in the East; however, increased treatment admissions for methamphetamine use show a West to East movement of the drug.
- Emergency room records show increasing mention of methamphetamines.
- In 1994, 3.8 million people said they had used methamphetamine during their lifetimes; by 2002, 12.5 million reported they had used methamphetamines.
- Methamphetamine laboratory arrests and methamphetamine treatment admissions have increased several times over in all six States in Region VIII.

What Happens to People When They Make or Use Methamphetamines? Effects of use on the brain and daily functioning.

Six particular neurotransmitters have special relevance for addiction:

1. Endorphins, that relieve pain;
2. Dopamine, that affects focus, concentration, and muscle movement;
3. Norepinephrine, that affects alertness and “fight or flight;”
4. Serotonin, an emotional relaxant;
5. GABA, a mental relaxant; and
6. Acetylcholine, that affects muscle control and memory.

Methamphetamine use can affect the brain in ways that place users at physical risk, create emotional instability and erratic thought processes, that wear out the body, and speed the aging process. It affects reward systems by creating intense “rushes” and cravings. These symptoms may mimic the manic phase of Bipolar Disorder, and therefore, methamphetamine use may be misdiagnosed and mistreated. Methamphetamine use further leads to major mental illnesses, including paranoid schizophrenia, mood disorders, and depression. Finally, methamphetamine affects personality development so that users lack social skills and experience difficulty tolerating frustration.

Integrating Treatment and Work Activities for Methamphetamine Addicts: What Works and What Doesn't

The Matrix Model of Outpatient Treatment for Substance Dependence (the Matrix Model) was developed specifically for stimulant abuse and dependence. It uses Motivational Interviewing techniques and includes the following:

- Individual Sessions;
- Early Recovery Groups;
- Relapse Prevention Groups;
- Family Education Group;
- 12-Step Meetings;
- Social Support Groups;
- Relapse Analysis; and
- Urine Testing.

The Matrix Model is based on several core principles:

- Creating explicit structures and expectations;
- Establishing positive, collaborative relationships with patients;
- Teaching information and cognitive-behavioral concepts;
- Positively reinforcing positive changes in behavior;
- Providing corrective feedback when necessary;
- Educating family members about stimulant abuse recovery;
- Introducing and encouraging self-help participation; and
- Using urinalysis to monitor drug use.

Recovery from stimulant abuse takes place in five stages, and each stage is characterized by specific behaviors and factors that can lead to relapse:

1. Withdrawal (Day 1 through 15).
2. Honeymoon (Day 15 through 45).
3. The Wall (Day 45 through 120).
4. Adjustment (Day 120 through 180).
5. Resolution (Day 180 and after).

Triggers for relapse may arise when addicts are faced with places, things, times, and emotional states that they identify with methamphetamine use. Triggers lead to thoughts about drug use, cravings for the drug, and ultimately, drug use. The challenge for recovery is to stop or block the trigger before it turns to cravings. The Matrix Model employs a “thought stopping” concept as a technique to help prevent triggers from turning into overpowering cravings and relapse.

The Matrix Model includes a heavy emphasis on providing clients and their families with information through a variety of means, and in doses that allow them to understand and internalize the information. The information provided includes topics on:

- Substance abuse and the brain;
- Triggers and cravings;
- Stages of recovery;
- Relationships and recovery;
- Sex and recovery;
- Relapse prevention;
- Emotional readjustment;
- Medical effects; and
- Alcohol and marijuana.

Integrating Treatment and Employment Activities

With the passage of welfare reform legislation in 1996, substance abuse treatment and employment preparation became more linked. Increasingly, substance abuse treatment programs include employment components; treatment activities need to model work environments, and employment preparation activities need to reflect the needs of people in early stages of recovery.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University designed CASAWORKS for Familiessm (CWF) as a strategy to

integrate substance abuse and employment services for women eligible for TANF. CWF is a case management model, integrating Strengths-Based and Intensive models of case management. Clinical research and Employment Directors employed by CASA monitor fidelity to the CWF model.

All CWF participants receive intensive outpatient substance abuse services, life skills, employment services, parenting services, and mental health assessments. They may receive other services, such as services provided by a domestic violence shelter, counseling, basic needs, child welfare, and legal services.

Participants move through CWF in four phases, each of which includes specific goals and objectives. Staff and participants meet to achieve consensus on when a person is ready to progress to the next phase:

Phase I: Engagement and Stabilization, Month 1.

Phase II: Intensive Treatment/Pre-Employment, Months 2-4.

Phase III: Employment Training and Continuing Care, Months 4-7.

Phase IV: Employment and Maintenance of Treatment Gains, Months 7-12.

A full-time Employment Specialist provides employment services to CWF participants. All participants participate in *Survival Skills Education and Development* and *Adkins Life Skills* programs, each of which was adapted by its creator specifically for use by CWF. A Parenting Specialist works with participants using the *Focus on Family* parenting curriculum, also adapted by its creator specifically for use by CWF.

Substance abuse treatment providers must meet practice standards established for CWF, including offering gender sensitive approaches, women-only groups, and individual sessions with a woman therapist. In addition, they must demonstrate the capacity to coordinate substance abuse services with other services and providers.

The Frontline of Addiction and Treatment

Addiction affects all types of families, and recovery is a long process. Staff become discouraged when clients in treatment do not follow through, but it is likely that every staff effort has merit. It is difficult to know which event will lead to permanent change, but it is essential that staff not give up.

Information From Indian Country

Programs that serve Native Americans must be sensitive to and build on the values and traditions that are important to Native Americans. These include: the belief that change comes slowly and cannot be rushed; attention to and value on ritual and ceremony; and ability to interrupt substance use for important events, (which may not signal commitment to permanent change). Native Americans have adopted the traditional 12-step recovery programs for use within Native American beliefs about higher powers, spirit, and community.

TANF can be helpful to Native Americans in maintaining a stable life, and collaboration between substance abuse treatment and TANF is important. Finally, tribes are not alike, and programs should reflect and build on the particular values and cultures of each tribe.

County Government and a Community Organization Working Together

Adams County, Colorado, uses the Work First philosophy that involves helping people find a job, find a better job, and ultimately, develop a career. Adams County Department of Social Services contracts with a number of private agencies that help welfare recipients find and retain jobs. County staff play important roles in supporting these contracts, including holding monthly contractor meetings, training contract staff, resolving disputes, and auditing contract performance.

Substance abuse is addressed through several methods: routine assessments conducted by welfare staff; referrals to contract agencies for further assessment and service delivery; in-home assessments conducted by public health nurses prior to sanctioning families; and special treatment slots purchased with TANF funds.

Adams County contracts with Goodwill Industries to operate two programs for welfare recipients. The two programs are the Employment Program and the Job Success Program.

The Challenge Employment Program provides:

- extensive case management, including two-person meetings each month, career enrichment classes, and coordination with medical and mental health services;
- expedited assessments;
- expedited Supplement Security Income applications; and
- an onsite job developer who helps participants find jobs and works with them for 30 to 90 days after they start work.

The Job Success Program helps families who found work maintain and enhance their careers. Jobs Success staff:

- continue providing extensive case management services;
- refer families to career enrichment classes;
- provide assistance in gaining better jobs; and
- provide access to additional education and training opportunities.

Putting the Pieces Together: A Case Study in Cass County, North Dakota

Cass County created the Cass County TANF pilot program to increase the percentage of families who enrolled in JOBS (the county's welfare-to-work program); address complex barriers to work; reduce inappropriate sanctions and case cycling; and develop policies that help clients comply with and re-engage in TANF activities. The pilot features:

- onsite JOBS counselors;
- an onsite mental health professional;
- policy changes and waivers from State and local authorities; and
- creation of online access to shared calendars, allowing staff to schedule appointments for each other.

An evaluation of the pilot program indicated that it substantially increased enrollment in JOBS, reduced times spent in sanction, increased the percentage of families receiving substance abuse and mental health services, and increased the percentage of families leaving welfare within one year.

As the pilot evolved, methamphetamine use was a growing concern in Cass County. Staff requested assistance from the Federal Administration for Children and Families (ACF) Welfare Peer to Peer Technical Assistance (TA) Network in assessing Cass County operations and making recommendations for changes, if appropriate. Outcomes from the Peer to Peer TA included:

- introduction of the North Dakota Behavioral Checklist for use by TANF and JOBS workers;
- use of a program manager "script" that helps staff explain why they are asking sensitive questions and what will happen with information disclosed;
- creation of a TANF greeting letter and commitment from State staff to redesign TANF brochures to make them more friendly to families;

- plans to create a video for use in waiting rooms and other settings; and
- development of a protocol for conducting joint staffings between TANF and child welfare workers when families are involved with both departments.

Sharing office space has allowed TANF workers to participate with families and JOBS counselors in creating the employment plan, and it has reduced the number of trips clients must make to welfare or other offices. It has also increased opportunities for staff to observe and evaluate client behaviors and to take prompt action to help families address problems.

Mental health assessments are required for all families who declare a need, have experienced incidents of domestic violence, are engaged in activities to cure sanctions, or are suspected of or have substance abuse problems confirmed by a reputable third party. Referrals to the mental health professional include TANF and JOBS assessments, the BOC, and other assessments.

Cass County's initiatives have yielded several insights that can inform policy development and practice:

- Clients do not come to TANF or Job Service offices intending to disclose their substance use. Staff must often put the pieces together.
- Detection of substance abuse is difficult, for a variety of reasons.
- Methamphetamine affects the brain in ways that lead to several psychiatric symptoms and changes in mood, thought, and behavior.
- Clients may not have seriously considered modifying their addictive behavior.

Background and Conference Goals

Methamphetamine is a powerful stimulant that affects the central nervous system. Chronic use of methamphetamines can result in a tolerance for the drug, leading to increased dosages or frequency of use. Chronic methamphetamine use can also lead to psychotic behavior such as paranoia, hallucinations, and out-of-control rages. When methamphetamine use is stopped, withdrawal symptoms include depression, anxiety, fatigue, paranoia, aggression, and intense cravings for the drug. Psychotic symptoms can persist for months or years after methamphetamine use has ceased.

The six States that comprise the U.S. Department of Health and Human Services (HHS) Region VIII—Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming—have experienced significant increases in methamphetamine production, use, arrests, and demands for treatment. Because of methamphetamine’s particular toxicity, and the imminent danger it creates for children, substance abuse treatment, welfare, and other social service agencies have an urgent need for tools and strategies to address methamphetamine use.

Welfare reform has presented both new challenges and new opportunities for State and county human service officials. The imposition of time limits for receipt of welfare benefits, strict work requirements, and sanctions to families who fail to comply with welfare rules means that welfare agency staff must help recipients find work in the shortest possible time. However, recovery from addiction proceeds along its own timetable, and often involves periods of time during which people relapse into addictive behaviors and are not able to work or even prepare for work.

Both substance abuse treatment and welfare agencies in Region VIII have been stymied by the challenges involved in addressing the many health, safety, treatment, and employment needs of welfare recipients addicted to methamphetamine. Federal officials (Regional TANF staff) designed and convened an intensive two-day conference to help substance abuse and welfare officials from the Region’s States to better integrate substance abuse treatment and employment services for methamphetamine addicts receiving welfare benefits. Each State in the Region was invited to send two representatives from the welfare agency and one representative from the substance abuse treatment agency to participate.

The goals of the conference were to:

- provide participants with accurate information about the prevalence of methamphetamine use and treatment demands;

- provide participants with an understanding of how methamphetamine use affects the brain, and how those changes influence cognitive responses, emotions, and behavior;
- offer a model of substance abuse treatment targeted specifically to methamphetamine; and
- showcase several real-life examples of promising treatment and employment interventions already in place within and outside the Region.

A copy of the conference agenda, a list of participants, and a summary of the evaluations follow at the end of this report.

Summary of Conference Sessions

Welcome and Introductions

Tom Sullivan
Regional Administrator
Administration for Children and Families

- The issue of methamphetamine use is of great importance to the families we serve, and it crosses all of our agencies.
- There are innovations within this Region, and we need to share, teach, and learn from each other.
- We should think expansively and creatively about Federal funding sources and flexibility, particularly opportunities that may be available through the Federal initiative promoting abstinence, which can include abstinence from substance use.

Methamphetamine in the Region

Bruce Mendelson
Colorado Department of Human Services
Alcohol and Drug Abuse Division

Summary and Overview:

- Most national data sets show a growing prevalence of methamphetamine use nationally, with higher levels of use in the West than in the East; however, increased treatment admissions for methamphetamine use show a West to East movement of the drug.
- Emergency room records show increasing mention of methamphetamines.
- In 1994, 3.8 million people said they had used methamphetamine during their lifetimes; by 2002, 12.5 million reported they had used methamphetamines.

In Colorado:

- From 1995 to 1996, 10.4 percent of people said they used methamphetamine during their lives.
- Treatment admissions for methamphetamine use rose from 869 persons in 1994, to 3,189 persons in 2003.
- In 2003, treatment admissions for methamphetamine surpassed treatment admissions for cocaine.

- There were 25 methamphetamine laboratories seized in 1997, and more than 440 laboratories seized in 2002.
- Methamphetamine treatment discharges show similar success rates compared to treatment success rates for other drugs.

In Montana:

- From 1995 to 1996, 9.4 percent of people said they used methamphetamine during their lives.
- There were 734 treatment admissions for methamphetamine use in 2000, and 1,124 admissions in 2004.

In South Dakota:

- There were 209 treatment admissions for methamphetamine in 2002, and 471 admissions in 2004.

In Utah:

- There were 1992 treatment admissions for methamphetamine in 1997, and 3,785 admissions in 2001.
- In Salt Lake, 17.1 percent of adult male arrestees tested positive for methamphetamine in 2002. Nearly 20 percent of adults arrested for violent crimes tested positive for speed.

Presentations by State Teams

Colorado

- The Colorado Department of Human Services (CDHS) oversees 64 county departments of social services, and the State's public mental health, substance abuse, juvenile corrections, State, and veterans nursing homes.
- Colorado is a state-supervised, county-administered system for social services, including welfare and child welfare services.
- The Alcohol and Drug Abuse Division (ADAD) licenses substance abuse treatment programs, contracts for services, and provides training and other guidance to substance abuse and other service providers across the State.

- Most substance abuse funds are passed from ADAD to one of four managed service organizations (MSOs). The MSOs then contract with treatment providers.
- The CDHS Office of Self-Sufficiency oversees Colorado Works, the State's TANF program.
- Colorado State law was amended to require that welfare applicants be screened for mental health or substance abuse. Studies of Colorado Works recipients suggest that between 14 and 27 percent have substance abuse problems.

Montana

- Montana's welfare and substance abuse services are both housed in the State's Department of Public Health and Human Services.
- In FY 2003, 6,163 Montana families received TANF assistance.
- The TANF Field Manager participates on the State's Co-Occurring Work Group with the Addictive and Mental Disorders Division.
- The State has allocated almost \$6 million from TANF to fund foster care and Title XX child welfare services. Child welfare staff report that a large portion of foster care placements are due to parental addiction.
- Montana has used TANF funds to support a family drug treatment court.
- In FY 2002, there were 5,621 admissions to state-approved substance abuse treatment programs, and 634 of those were for methamphetamine use (380 men and 254 women).
- In FY 2002, there were 1,073 admissions to treatment for marijuana (830 men and 243 women).
- An analysis of 33 women living in a supported living home found that 42 percent had significant medical problems, 82 percent had a primary diagnosis related to methamphetamine, and 82 percent were involved with 3 or more drugs.
- A 2001 study of Native American treatment needs found that almost 22 percent of people on the reservations had used methamphetamines at some time, and that the highest percentage of use was by people between ages 18 and 24.
- Steps to address substance abuse include: two recovery homes, three women and children homes, integrating evidence-based treatment into programs, and the development of a strategic communication plan.

North Dakota

- Treatment requests for methamphetamine addiction rank third in the State, following treatment requests for alcohol and marijuana.
- The North Dakota legislature has proposed setting limits on how many cold tablets may be purchased at one time, in order to reduce the chance that ingredients will be used for methamphetamine production.
- The Attorney General of North Dakota is hiring two new agents specifically to deal with cases involving methamphetamines.
- There has been a 30 percent increase in foster care placement in the Grand Forks area, as a result of methamphetamine use by parents.
- In 1998, there were two methamphetamine laboratory arrests; in 2002, there were 275, in 2003; there were 220, and as of July 2004, there were 134 arrests.

South Dakota

- In March 2003, there were 2,800 families receiving TANF in South Dakota.
- The TANF program is administered by the Department of Social Services.
- South Dakota created two substance abuse treatment programs for pregnant women and women with dependent children. These programs include a 45-day inpatient stay followed by discharge into a lower level of care that is long term.
- A client can reside in the program three months postpartum. A typical stay in one of the programs is approximately three to six months.
- While in treatment, women receive services to prepare them for living in the community and for employment: parenting classes, dietary information, budget counseling, domestic violence groups, job skills training, etc.
- Transportation for women to treatment and for childcare has been a challenge for South Dakota.
- Communication between the State and Native American communities has been challenging largely because tribes are independent entities.

Utah

- Since 2000, methamphetamine has been the primary drug of choice of women (37 percent of treatment admissions) and the second drug of choice for men.

- 68 percent of women participating in substance abuse treatment have dependent children.
- Methamphetamine is the most commonly used drug among pregnant women.
- Utah is comprised of 13 local authorities, each of which may include one or more counties. Most substance abuse treatment is provided directly by local authorities, except for Salt Lake, which contracts with private agencies.
- Staff at the Department of Workforce Services (the State's welfare agency) screen welfare applicants for substance abuse. Licensed clinical social workers conduct a thorough evaluation for welfare applicants/recipients whose responses to the screen indicate that further assessment is warranted.
- In September 2003, the department introduced a comprehensive electronic database to track referrals, and as of July 2004, 1,270 substance abuse referrals were made.

Wyoming

- Wyoming faces the special challenge of being a rural/frontier State.
- There are 340 families receiving TANF in Wyoming, and 70 percent of these are child-only cases.
- The State uses TANF funds to purchase substance abuse treatment services for anyone eligible for TANF (having income lower than 185 percent of the Federal poverty level).
- Both Wyoming tribes operate their own TANF programs.
- About 75 percent of methamphetamine addicts have children, and 3 children have died as a result of methamphetamine use.

What Happens to People When They Make or Use Methamphetamines? Effects of use on the brain and daily functioning.

Jean Armour, RN

Each person has about 100 billion nerve cells (neurons) that are separated by synaptic gaps, and each person has about 100 neurotransmitters that communicate across these gaps. The nerves in our brains "talk" to each other via electrical processes (that communicate within neurons) and chemical processes (via the neurotransmitters that communicate across the synaptic gaps separating neurons).

Six particular neurotransmitters have special relevance for addiction:

- endorphins, that relieve pain;
- dopamine, that affects focus, concentration, and muscle movement;
- norepinephrine, that affects alertness and the “fight or flight” response;
- serotonin, an emotional relaxant;
- GABA, a mental relaxant; and
- acetylcholine, that affects muscle control and memory.

Dopamine, Norepinephrine, Serotonin, and GABA create moods. When people have enough of all four of these mood-related neurotransmitters, their moods are stable.

A study of Americans found that our pool of neurotransmitters increases for a time, and then decreases as we age. At about age 11, our pool is about 50 percent complete, and at about age 22, it is 100 percent complete. Starting at about age 32, the pool starts to decrease, so that by age 60, we have about 50 percent of our earlier neurotransmitter levels. It appears, however, that some of this loss results from the assumption in America that people lose functioning as they age. In societies where they do not make that assumption, people do not appear to lose capacities with age.

Substance use can deplete the pool of neurotransmitters, starting as early as within three months of use. Once depleted, the pool can take from six months to eight years to replenish.

Human brains function at three levels:

1. Reptilian Brain/Brain Stem that affects basic functions such as heart rate, breathing, blood pressure, hunger, mating, and fight/flight;
2. Mammalian Brain/Limbic System that affects emotional responses, perceptions of safety, and how we feel about ourselves; and
3. Human Brain/Cortex/Frontal Lobes that inhibits emotional reactions, maintains attention, allows us to think through complex thoughts, solve problems, and plan.

Similarly, our bodies and behaviors relate and respond to messages from the brain through three systems that need to be in balance:

1. Peripheral Nervous System that governs touch, muscle coordination, and keeps all parts of the body in communication with the brain;

2. Sympathetic System that governs fight and flight responses, and releases adrenaline, which in turn affects appetite, blood flow, pupils, kidney functioning, and pulse; and
3. Parasympathetic Nervous System that governs activities of everyday life such as eating, sexual drives, and vital signs.

Methamphetamine use can affect the brain stem, thus placing users at physical risk; the limbic system, thereby creating emotional instability; the cortex, thereby creating erratic thought processes; and the sympathetic nervous system, thereby wearing the body out and speeding the aging process.

Methamphetamines affect reward systems by creating intense rushes and promoting cravings. These symptoms may mimic the manic phase of Bipolar Disorder. Methamphetamine use may also be misdiagnosed and then mistreated. Methamphetamine use further leads to major mental illnesses, including paranoid schizophrenia, mood disorders, and depression. Finally, methamphetamine affects personality development, so that users lack social skills and experience difficulty tolerating frustration.

When babies are exposed to methamphetamine prenatally, they may suffer from physical problems such as heart defects and cleft palates. They are likely to be agitated after birth, and then become depressed; they may lack coordination; have poor responses to their environments; experience difficulty breathing and difficulty in handling frustration.

In order to repair or prevent damage from methamphetamine use, practitioners and policy makers can take steps to:

- identify people who are at risk due to heredity;
- help people understand the nutritional requirements for healthy brains;
- discontinue use of toxins; and
- employ appropriate psychotherapies.

Integrating Treatment and Work Activities for Methamphetamine Addicts: What Works and What Doesn't

Jeanne Obert
The Matrix Institute

By 1999, high amphetamine treatment admission rates were seen in most States west of the Mississippi river. Between 1993 and 1999, 24 States saw amphetamine treatment admission rates increase by between 100 and 250 percent. Methamphetamine is the primary form of amphetamine in the U.S., and

makes up 94 percent of amphetamine treatment admissions reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1999.

Alcohol, sedatives, and opioids have both medical and behavioral methods of treatment. Stimulants, however, are not yet treatable by medical means and are treated solely through behavioral techniques.

The Matrix Model of Outpatient Treatment for Substance Dependence (the Matrix Model) was developed specifically for stimulant abuse and dependence. It is highly structured, and uses Techniques of Motivational Interviewing, that includes the following components:

- Individual Sessions;
- Early Recovery Groups;
- Relapse Prevention Groups;
- Family Education Groups;
- 12-Step Meetings;
- Social Support Groups;
- Relapse Analysis; and
- Urine Testing.

Pitfalls that counselors have to consider within this structure include setting unrealistic schedules, neglecting time for recreation, striving for perfection, the tendency for the therapist, spouse, or parent to impose a schedule on the patient.

The Matrix Model is based on several core principles:

- creating explicit structures and expectations;
- establishing positive, collaborative relationships with patients;
- teaching information and cognitive-behavioral concepts;
- positively reinforcing positive changes in behavior;
- providing corrective feedback when necessary;
- educating family members about stimulant abuse recovery;
- introducing and encouraging self-help participation; and
- using urinalysis to monitor drug use.

Recovery from stimulant abuse takes place in five stages:

1. Withdrawal (Day 1 through 15).
2. Honeymoon (Day 15 through 45).
3. The Wall (Day 45 through 120).
4. Adjustment (Day 120 through 180).
5. Resolution (Day 180 and after).

Withdrawal Stage. Withdrawal is characterized by medical problems, alcohol withdrawal, depression, difficulty concentrating, severe cravings, contact with stimuli, and excessive sleep. During this period, patients behave inconsistently, are confused and cannot concentrate, are plagued by self-doubt and anxiety, and have hostile or fearful relationships with others.

During this period, it is important that counselors be accepting, non-judgmental, empowering, supportive, understanding, collaborative, and facilitative. Ambivalence is normal and actions should be patient-elicited.

The Motivational Interviewing (MI) style of counseling is especially important during the early stages of treatment, when patients are likely to be ambivalent about and fearful of making changes in their lives. The goals of MI are to increase motivation, decrease resistance, increase retention in programs, and achieve better program outcomes. Four MI principles and techniques are essential to achieving these goals:

1. Express Empathy. Accepting the person will facilitate change, skillful reflective listening is essential, and ambivalence is normal.
2. Develop Discrepancy. Clients should be assisted to understand the consequences of using and of not using, and of seeing the discrepancies between their present behaviors and their goals. Clients can explore their ambivalence by identifying the pros and cons of change versus the pros and cons of the status quo and articulate their reasons for wanting to change.
3. Avoid Argumentation. When clients resist, that is a signal for the counselor to change strategies. Resistance is interpersonal. The counselor can help the client illicit his/her concerns and use their own words to shape attitudes.
4. Support Self-Efficacy. Belief that change is possible is a strong motivator for change, and there is hope in the range of alternative approaches available. Counselors can build on past successes and reinforce to clients that they are responsible for and authorized to choose and carry out actions to change.

Factors that can lead to relapse during withdrawal include: unstructured time, proximity of triggers, alcohol/marijuana use, powerful cravings, paranoia, depression, and disordered sleep patterns.

Honeymoon Stage. The Honeymoon Stage is characterized by over-involvement with work, overconfidence, inability to initiate change, alcohol use, episodic cravings, and treatment termination. During this period, people have high energy but are unfocused, they feel “cured,” they are unable to prioritize, and they may deny that they are addicted.

Factors that can lead to relapse during this stage include: overconfidence, alcohol/marijuana use, discontinuation of structure, resistance to changing behaviors, return to addict lifestyle, inability to prioritize, and periodic paranoia.

Wall Stage. The Wall Stage is characterized by inertia, depression, return to cocaine stimuli, relapse justification, behavioral problems, treatment termination, alcohol use, and relapse. During this period, people are sluggish, depressed, irritable and blaming, and find ways to justify their relapse.

Adjustment Stage. The Adjustment Stage is characterized by vocational dissatisfaction, problems with relationships, overconfidence, lack of goals, and acceptance of addiction as a chronic and relapsing disease. During this period, people are sloppy in setting limits for their behaviors, they drift from commitment to recovery, they experience normal emotions, and issues within their long-term relationships surface.

Factors that can lead to relapse during this stage include: alcohol or other drug use, relaxation of structure, struggles over accepting the addiction, maintenance of recovery momentum, a “six month syndrome,” and the re-emergence of underlying pathologies in their relationships.

Resolution Stage. The Resolution Stage is characterized by anger, guilt, isolation, boredom, interpersonal problems, and a need to continue recovery efforts. During this period clients may return to pre-addiction destructive behaviors, struggle with accepting the “life long addiction” concept, control their emotions, and struggle with the emergence of dysfunctional patterns in their relationships.

Triggers and Relapse

Triggers may arise when addicts are faced with places, things, times, and emotional states that they identify with methamphetamine use. Triggers lead to thoughts about drug use, cravings for drugs, and ultimately, drug use. The challenge for recovery is to stop or block the trigger before it turns to craving.

Place Triggers include homes of dealers, bars and clubs, drug use neighborhoods, freeway ramps, worksites, and street corners.

Things Triggers include paraphernalia, sexually explicit magazines or movies, money or bank machines, music, movies or TV shows that feature alcohol or other drugs, and secondary alcohol or other drug use.

Times Triggers include periods of idle time, periods of extended stress, after work hours, payday or welfare check day, holidays, Friday and Saturday nights, and birthdays or anniversaries.

Emotional State Triggers include anxiety, anger, frustration, sexual arousal, gradually building emotional states, fatigue, boredom, adrenalized states, and sexual deprivation.

Clients may “justify” their relapses through a variety of mechanisms. Among the more common mechanisms are:

- continued use among friends or family members;
- specific purposes, such as weight loss, energy, sexual gratification;
- testing one’s ability to resist;
- blaming others or external circumstances;
- accidental events;
- resorting to other “less harmful” drugs;
- feelings of elation, depression, boredom; and
- unexpected opportunities to use.

The Matrix Model employs a “thought stopping” concept to help clients prevent triggers from turning into overpowering cravings and relapse. Treatment sessions are designed to help clients practice thought stopping, which involves learning to recognize the effect of “using their thoughts” to stop, block, or shut down desire before it gets out of hand. Thought stopping involves using visual imagery, snapping fingers or elastic bands, etc., relaxing, prayer, or calling someone for help.

The Matrix Model also introduces and helps clients engage in activities that are non-trigger events. These may include exercise, church or community activities, 12-Step meetings, new hobbies, structured and monitored periods of time, healthy eating and sleeping habits, and non-drug movies.

The Importance of Information

Throughout its program, the Matrix Model includes a heavy emphasis on providing clients and their families with information in a variety of ways, and in doses that allow them to understand and internalize the information. Information that is provided to clients and families during their course of treatment includes:

- substance abuse and the brain;
- triggers and cravings;
- stages of recovery;
- relationships and recovery;
- sex and recovery;
- relapse prevention issues;
- emotional readjustment;
- medical effects; and
- alcohol and marijuana.

Information is vital to progress and recovery because it reduces confusion and guilt, explains addictive behavior to addicts, offers a roadmap for recovery, clarifies the effects of alcohol or marijuana use on recovery, helps people accept their addictions, and gives hope and realistic perspectives to family members.

Integrating Treatment and Employment Activities

Rosa Lavergne

The National Center on Addiction and Substance Abuse (CASA) at Columbia University

Traditional models of substance abuse treatment have approached addiction and treatment as separate and distinct from the rest of a person's life. Treatment was historically designed to focus exclusively on recovery and sobriety, and paid less attention to other dimensions of the addict's life. More recently, however, substance abuse treatment and other social service agencies have started to understand addiction as a more complex phenomenon and have approached services in a more holistic manner.

With the passage of welfare reform legislation in 1996, substance abuse treatment and employment preparation became more linked. Increasingly, substance abuse treatment programs include employment components; treatment activities need to model work environments, and employment preparation activities need to reflect the needs of people who are in the early stages of recovery.

Compliance with the work requirements of welfare reform includes the following elements:

- employment plans are developed for each person, based on individual needs;
- work activities should be consistent with employment plans;
- the expected outcome for all programs is employment;
- when full-time employment is not obtained, part-time work and vocational training are encouraged;
- people who need non-intensive outpatient substance abuse treatment may still be required to participate in work activities; and
- educational and vocational training activities are allowed if they are consistent with employment plans and are not long-term.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University designed CASAWORKSsm for Families (CWF) as a strategy to integrate substance abuse and employment services for women eligible for TANF. CWF's goals are to help women achieve abstinence or non-problem substance use, employment, freedom from welfare, family safety, and improved family functioning.

CWF is a case management model, integrating Strengths-Based and Intensive models of case management. All CWF participants receive case management services, intensive outpatient substance abuse services, life skills and employment services, parenting services, and mental health assessments. Staff at CASA developed a manual of case management, including standards for caseload size, description of services provided, standards for frequency and nature of contacts, and reporting and management forms.

Clinical research and Employment Directors employed by CASA monitor fidelity to the CWF model through regular meetings with CWF staff, use of program tracking and management forms, and ongoing training and technical assistance as needed. Motivational Interviewing runs through CWF.

Participants are referred for other services as needed, such as services provided by a domestic violence shelter, counseling, basic needs, healthcare, child welfare, and legal services.

Participants receive CWF for up to twelve months, and move through the program in four phases, each of which is characterized by specific goals and objectives. Participants and staff meet to achieve consensus on when a person is ready to progress to the next phase. The CWF phases are summarized below.

Phase I: Engagement and Stabilization (Month One). During this phase, participants:

- establish a therapeutic bond with the case manager;
- address acute substance abuse and mental health problems that preclude attendance in regular treatment;
- address basic needs and other problems that preclude attendance in treatment;
- develop a “change plan;” and
- engage in outpatient substance abuse treatment.

Phase II: Intensive Treatment/Pre-employment (Months 2-4). During this phase, participants:

- comply with recommended treatment;
- achieve stable abstinence or non-problem substance use;
- achieve stable mental health functioning;
- address barriers that create acute risk for relapse;
- learn prevocational skills and develop job plans;
- comply with the parenting skills program;
- improve parenting skills and increase family cohesion; and
- remove behavioral health and other barriers to job training and placement.

Phase III: Employment Training and Continuing Care (Months 4-7). During this phase, participants:

- comply with the requirements of their employment and training program;
- improve their employment skills;
- comply with recommended behavioral health services; and
- maintain abstinence and mood stability.

Phase IV: Employment and Maintenance of Treatment Gains (Months 7-12).

During this phase, participants:

- are employed or ready to work;
- are functioning stably;

- have no barriers to stable employment;
- have established informal social supports;
- have achieved stable family functioning such as children's school attendance; and
- stable family routines and appropriate parental supervision.

Employment Activities in CWF

CWF was designed to incorporate employment opportunities for low-income women with substance abuse problems. To that end, CWF includes a full-time Employment Specialist who works closely with Case Managers, Substance Abuse Treatment Counselors, and Parenting and Mental Health Specialists. In addition, participants begin pre-employment activities within one month of starting CWF so that from the beginning, participants and staff alike view employment as an explicit outcome of treatment.

All participants receive complete vocational assessments, including an array of standardized measures to identify aptitudes and interests. They also participate in two work and life skills programs that have been adapted specifically for use by CWF. *Survival Skills Education and Development (SSED)* is a journal-based and interactive program that helps people address family and relationship problems, communication skills, grooming and appearance, self-esteem, budgeting, problem solving and decision making, self assessment, and managing their stress, health care, risk, and anger.

Participants also engage in the *Adkins Life Skills Program*, an interactive program that covers vocational resources, work values and ethics, employer expectations, job search, researching job markets, applications and resumes, cover and thank you letters, working as a team, interviewing, time management skills, workplace behavior and dress, getting along with peers and supervisors, visits to employers, and worker rights and responsibilities.

CWF includes a full-time Parenting Specialist who works with participants using the *Focus on Families* parenting curriculum that was adapted by its creator specifically for use by CWF. This 32-session curriculum involves classroom learning and real-life parent-child interactive sessions. It is designed for families who are involved with substance abuse, addiction, and recovery.

As participants move through these two job preparation programs, they receive services from a Case Manager, Substance Abuse Counselor, and Parenting Specialist. The staff works with the participants as a team, so that services and staff complement each other.

Substance Abuse Services in CWF

CASA has established the following practice standards for substance abuse treatment:

- facilities must be licensed;
- placements are based on American Society of Addiction Medicine (ASAM) level of care;
- services must feature ASAM-like phases including continuing care;
- programs must feature gender-sensitive approaches, including opportunities for participants to meet privately with a woman therapist, and participate in women-only groups;
- programs must offer weekly individual treatment sessions;
- programs must include structured relapse prevention services;
- programs must conduct weekly, random urine screens with reports of findings shared with case managers; and
- substance abuse services must be coordinated with other services and providers.

The Frontline of Addiction and Treatment

Tonya Wheeler

University of Colorado Health Sciences Center

- Addicts come from all types of families, including families that have adequate resources and loving parents.
- Recovery is a long process and it may take several tries. It is impossible to know which conversation, which treatment episode, or which intervention will be the one that “works,” therefore, it is essential for counselors not to give up; every treatment attempt is beneficial.
- Methamphetamine addicts need to know their actions have consequences and that the consequences will be enforced. If programs have rules, including welfare sanctions, removal of children, and the loss of privileges, those rules should be enforced.
- Every life is worth saving, and consequences should be paired with legitimate expressions of belief and support.

Information From Indian Country

Dennis Dahlke

Southern Ute Tribe

Peaceful Spirit is a substance abuse treatment program located on the Southern Ute Reservation and is adapted to the Native American population. Programs that serve Native Americans must be sensitive to and build on the values and traditions that are important to Native American people. Some of the values and traditions that affect treatment design include:

- Native Americans have a long view of time and believe that services should be planned and delivered within the framework of that long view. They believe that events evolve slowly.
- Native Americans place great value on rituals and ceremonies, so that treatment programs should incorporate elements of rituals that have special meaning to them.
- Native Americans have demonstrated that they can “interrupt” their drug use for important ceremonies. They will stop using if use is not appropriate for a particular ceremony, but they may not have made a decision to quit use permanently.
- Peaceful Spirit utilizes Multi-System Therapy (MST); the first use of MST for Native Americans in the country. MST is popular and well received, and it involves family-based therapy, including therapy that takes place in the homes of participants.
- TANF can be helpful to Native Americans in maintaining a stable life when they have completed treatment, therefore, collaboration between tribes and TANF agencies is important.
- Native Americans have adopted the traditional 12-step programs for use within Native beliefs about higher powers, spirit, and community. A book entitled *The Red Road to Wellbriety* offers a good description of these Native- based 12-step programs.
- Tribes are not alike. People interested in helping Native Americans secure substance abuse treatment should understand and respect the particular culture and values of the tribe(s) they serve.

County Government and a Community Organization Working Together

Jenny Alber, Goodwill Industries

Jason McRoy, Adams County Human Services

Adams County, Colorado's approach to welfare reform is based on the Work First philosophy that involves helping people find a job, find a better job, and ultimately, develop a career. Case management, postemployment follow-up, and programs for "working poor" (non welfare) families help families along the way.

To maximize resources, Adams County contracts with a number of private agencies that provide a wide range of services that address specific needs of families on welfare. These contracts fall into one of three groups:

1. Case Management contracts that help welfare recipients prepare for and find work;
2. Infrastructure contracts that add capacity to specialized services in the community, including use of TANF funds to purchase "slots" in particular substance abuse treatment programs, thereby assuring priority access to treatment; and
3. CHOICES contracts that help people after they have left welfare; providing services and guidance in preparing for and securing better jobs.

Although services are contracted out, county staff play important roles in supporting and monitoring these contracts. For example, county staff hold monthly contractor meetings, provide training for case managers, participate in case staffings, resolve disputes, and audit contracts for compliance.

Substance abuse is identified and addressed through one or more of the following methods:

- routine assessments conducted by county welfare staff;
- referrals to case management agencies;
- further assessment by staff at case management agencies;
- in-home pre-sanction assessments conducted by public health nurses; and
- fee-for-service treatment slots purchased specifically for TANF recipients, at a local treatment provider that works closely with county and non-profit agencies.

Adams County contracts with Goodwill Industries to operate two programs for welfare recipients—the Challenge Employment Program and the Job Success Program.

Challenge Employment Program

The Challenge Employment Program was created in 1999 to assist disabled welfare recipients by:

- providing extensive case management and referrals to other community based organizations;
- providing fast track intensive vocational, physical and psychological assessments;
- expediting Supplement Security Income applications;
- working in partnership with the Division of Vocational Rehabilitation; and
- making appropriate job placements.

Case management in the Challenge Employment Program is characterized by twice monthly in-person meetings, career enrichment classes, supportive services as needed, coordination with medical and mental health services, and assistance with legal matters. Case managers draw from extensive networks of community-based organizations (substance abuse, mental health, food and housing assistance, childcare, and child support), refer families to these services and work with service providers to ensure that services are coordinated.

Goodwill Industries has a job developer on staff who helps participants find jobs and works with them for from 30 to 90 days after they start work. At the end of this period, the job developer helps participants move into the Job Success program, which further supports their long-term work activity.

Job Success Program

The Job Success Program started in 1997. The goal of the program is to mentor and assist families in their transition from welfare-to-work in order to maintain employment and encourage training and education. Job Success works with people who are moving from welfare to employment and also with people who have left welfare due to work, but have returned to the welfare rolls (recidivism).

Job Success provides participants with continued extensive case management services, referrals to career enrichment classes, help in maintaining employment, assistance in gaining better jobs, and help in improving education and training. Case managers work with participants and employers in a variety of ways, including:

- helping participants reduce barriers to career success;
- building confidence within participants;
- providing participants with tools to express themselves at the workplace;

- helping employers improve communication with participants;
- encouraging and supporting employers in promoting participants when appropriate; and
- helping participants secure additional training or education including GED, community college classes, medical or computer training.

Putting the Pieces Together: A Case Study in Cass County, North Dakota

Laurie Albright, ND Job Service

Kathleen Moraghan, Southeast Human Services Center

Sidney Schock, Cass County DSS

The roles of the case manager in Cass County are to:

- correctly determine eligibility and issue accurate and timely benefits;
- act as a reliable observer of client behavior;
- recognize and communicate relevant issues to the team promptly and accurately;
- help families navigate through the multiple programs from which they receive support, to ensure the greatest good is delivered from each; and
- participate in the team by planning, coordinating, and supporting efforts that engender family confidence in reaching independence from TANF.

Shortly after welfare reform was passed, staff in Cass County created the Cass TANF pilot program to address the following problems:

- from 25 to 40 percent of applicants failed to enroll in JOBS (the county's welfare-to-work program);
- participants revealed problems and demonstrated behaviors that staff were not equipped to understand or treat;
- undiagnosed problems caused lapses in performance that led to sanctions, case closures, and TANF cycling; and
- policies fostered non-compliance and prevented clients from re-engaging in the program.

The Cass County pilot program includes the following features:

- JOBS counselors are located in the welfare office to enroll participants and participate in case planning, staffings, and conciliations;

- a mental health professional is in the welfare office to conduct assessments, expedite enrollment in services, and to educate TANF and JOBS staff regarding addiction and mental illness; and
- approval from relevant State and local authorities.

These changes helped staff identify as members of teams, facilitated ad hoc staffings, enabled staff to teach and learn from each other, promoted immediate access to services in emergencies, and presented a seamless interaction across cash assistance, work rules, and mental health services.

An important and notable feature of the Cass County pilot program was the creation of immediate, online access to shared calendars (using Lotus Notes). In this way, TANF case managers have control over their calendars. The system allows case managers to schedule appointments with JOBS counselors or a mental health professional, and it allows JOBS counselors to schedule appointments with a mental health specialist.

An assessment of the Cass County pilot program indicates several important successes:

- failure to enroll in JOBS fell from 25 percent to 40 percent to less than 3 percent;
- clients sanctioned for non-compliance with JOBS increased to 16 percent
- average time spent in sanction decreased from 3.0 months to 1.7 months;
- engagement in mental health/substance abuse services by TANF recipients increased by 28 percent;
- clients leaving TANF within one year increased from 82 percent to 94.8 percent; and
- people who left TANF after the pilot earned higher wages than those who did not participate in the pilot.

In 2003, the State convened a Methamphetamine Summit that helped staff understand the nature of addiction and approaches to treatment. JOBS and mental health staff attended a conference hosted by the Administration for Children and Families (ACF), and learned about resources available from the Welfare Peer to Peer Network. In November 2003, staff from Cass County participated in a Peer to Peer Network assessment of strategies to address substance abuse among TANF recipients.

The results of the Peer to Peer assessment resulted in recommendations and changes in Cass County. Some of these include:

- Introduction of the Behavioral Observation Checklist used by TANF and JOBS workers, in which workers note behaviors they observe during client interviews. Results of the checklist are shared with the mental health professional for further assessment.
- Use of a program manager “script” that helps staff explain why they are asking sensitive questions and what will happen with information disclosed.
- Creation of a TANF greeting letter that is added to the informational packet every applicant receives, as well as a commitment from State staff to redesign TANF brochures currently in use.
- Plans to create a video for use in waiting rooms and other settings.
- Development of a protocol by which the county’s TANF and child welfare staff will conduct joint staffings of families who are involved with both departments.

North Dakota’s welfare-to-work program is operated by the State job service program. Job Counselors work onsite in the welfare office where they conduct comprehensive employment assessments, set goals with participants, and monitor progress. Because JOBS, TANF, and mental health staff are all located at the welfare office and are able to share calendars online, TANF staff are able to accompany clients to the JOBS interview immediately after completing the TANF eligibility interview. They also participate in the employment assessment with the JOBS counselor and the applicant.

Mental health assessments are required for all families who declare a need through personal statements, have experienced incidents of domestic violence, are engaged in activities to remedy sanctions, or are suspected of or have substance abuse problems confirmed by a reputable third party (child protective services, records of driving under the influence, or criminal charges related to substance use). When staff make referrals to the mental health professional, the referrals include JOBS and TANF assessments, and a mental health packet that is comprised of the Behavioral Observation Checklist, the JOBS work assessment, the North Dakota Depression Inventory, and records of attendance at JOBS programs.

The Cass County pilot yielded a number of insights that can inform policy development and practice:

1. Clients do not come to TANF or Job Service offices intending to disclose their substance use. Staff must often put the pieces together.
 - Staff need to be educated about substance abuse.

- The North Dakota Behavioral Checklist helps workers identify objective symptoms that may indicate substance abuse. The list is included in referrals to the mental health professional.
 - All mental health assessments include exploration of substance abuse.
2. Detection of substance abuse is difficult due to several factors:
- some drugs are hard to detect;
 - clients may leave TANF for periods of time;
 - clients are frightened about losing their children or their welfare benefits; and
 - clients may tamper with lab specimens.
3. Methamphetamine affects the brain in ways that lead to several psychiatric symptoms and changes in mood, thought, and behavior.
- Symptoms include euphoria, anxiety, paranoia, anger, impaired judgment, social problems, and others.
 - Presentation of symptoms may depend on amount used, timing and history of use; route of administration, and dual diagnosis of substance abuse and mental illness may exist.
 - Clients are best assessed by accumulating as much information about behavior, mood, and thoughts in a variety of settings. It is helpful if professionals can observe client behavior on a regular basis.
 - Multiple meetings with mental health providers may help because they allow for better assessments and development of relationships with clients.
4. Clients may not have seriously considered modifying their addictive behavior.
- Techniques such as Motivational Interviewing, empathy, and discussing decisional balance may create an environment in which precontemplation can move to contemplation of recovery.
 - Education about addiction may help people consider changing.
 - The supports available from TANF may allow people to help and continue to receive financial supports.
 - Clients may attend pretreatment groups at the mental health center rather than waiting for weeks to be evaluated or receive treatment.
 - Carrots and sticks, or incentives and consequences, are beneficial.

AGENDA

METHAMPHETAMINE RESEARCH & EFFECTS WITHIN THE TANF POPULATION AUGUST 10-12, 2004

Hilton Garden Inn, Denver South/Meridian
9290 Meridian Boulevard
Englewood, CO 80112

Conference Facilitator - Mary Nakashian

Tuesday, August 10, 2004

- 12:00 **REGISTRATION**
- 1:15 **Welcome and Introductions**
- 1:30 **Methamphetamine in the Region**
Bruce Mendelson
Alcohol & Drug Abuse Div., CO Dept. of Human Svcs
- 2:45 **Break**
- 3:05 **Presentations by State Teams**
Each state will give a 10-minute overview of their state, their experience with meth production, use and treatment entries. State teams will describe what initiatives they have undertaken to identify and serve TANF recipients with meth problems, what has worked, and what has not.
- 4:05 **What Happens to People When They Make or Use Methamphetamines. Effects of use on the brain and daily functioning.**
Jean Armour, RN

This session will provide a description of how methamphetamine use turns to addiction, how meth affects the brain, the body and behavior functioning.
- 5:30 **Wrap-up and preview of next day**
- 5:45 **Informal Networking**

Wednesday, August 11, 2004

7:30-8:30 **Continental Breakfast**

8:30 **Integrating Treatment and Work Activities for Methamphetamine Addicts: What Works and What Doesn't**

Rosa Lavergne, Research Associate
The National Center on Addiction and Substance Abuse
(CASA) at Columbia University

Jeanne Obert, LMFT, MFM
Executive Director
The Matrix Institute

This interactive session will feature a combined presentation by Ms. Jeanne Obert, Executive director of the Matrix Institute, a promising and well-evaluated treatment program designed specifically for methamphetamine users; and Rosa Lavergne, a research associate specializing in designing work related activities for substance abusing TANF recipients.

Noon **Working Lunch**

Tonya Wheeler, CACIII
University of Colorado Health Sciences Center

This working lunch will feature a presentation from the front line on how methamphetamine use presents in families and effective techniques in addressing addiction.

1:30 **Integrating Treatment and Employment Activities (continued)**

Interactive session continued – Building on the morning session, this brainstorming session will allow participants to identify the significant opportunities available to enhance treatment and employment for methamphetamine addicts; and will allow them to identify the significant challenges they will face in integrating treatment and work activities.

4:30 **Wrap-up and Preview of Next Day**

Thursday August 12, 2004

7:30 **Continental Breakfast**

8:00 **Info from Indian Country**

Dennis Dahkle, Peaceful Spirit
Southern Ute Tribe, Ignacio, CO

Native American opportunities and challenges.

9:00 **County Government and a Community Organization Working Together**

Jason McRoy, Contract Quality Assurance Administrator,
Adams County, CO
Jenny Alber, Program Manager, Jobs Success Program, Goodwill
Industries

How one county contracts with a community organization to serve families with multiple-barriers.

10:00 **BREAK (Check Out)**

10:30 **Putting the Pieces Together: A Case Study in Cass County, ND**

Laurie Albright, ND Job Service
Kathleen Moraghan, Mental Health Counselor
Sidney Schock, Cass County DSS

This interactive session will feature the state team for North Dakota. Team members will describe the strategy they have been implementing since fall of 2003. This strategy, which builds on prior Peer to Peer technical assistance, incorporates a variety of approaches for identifying and serving substance abusing TANF recipients in Cass County.

12:30 **Wrap –up and Closing Remarks**

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Summary of Evaluations

Participants were asked to rate each presentation along a scale of 1 – 5 as follows:

1	Poor
2	Fair
3	Good
4	Very Good
5	Excellent
	N/A

They were also asked to respond to open ended questions. Fourteen evaluations were received.

<u>Presentation</u>	<u>Average Score</u>
Opening/Welcome	3.5
Methamphetamine Use in the Region	3.9
Effects of Meth on Brain & Daily Functioning	4.6
Methamphetamine Treatment, the Matrix Model	4.6
Work Activities for Meth Abusers	3.9
Effective Techniques in Addressing Addiction	4.4
Native American Opportunities and Challenges	3.7
County Government and Community Organizations	4.0
A Case Study in Cass County, ND	4.4

What are you most likely to take back and share with your staff?

- Different training programs to work with TANF clients.
- Ways of working with clients.
- The Matrix Model.
- Placing a MH/CD counselor in the DSS TANF/Job Service Office.
- New knowledge on different ways to provide treatment.
- Information on Matrix.
- Pieces of CASAWORKS presentation.

- The prevalence of meth, our need to know more about meth and other drugs and looking at the issue in a more sophisticated way.
- Information on Matrix Model and how addicts react when in treatment.
- Nutritional issues and the Matrix Model.
- Ideas to access resourced services with TANF, HUD, etc.
- What other states infrastructure looks like in delivering services to TANF.
- Matrix model information—scientific based treatment approaches.
- The information about Meth—good layman's terms for explanations, understandable.

If you were planning this meeting, what would you change?

- Nothing—great conference.
- A panel of ex-users and their families.
- Speakers were excellent.
- Plan breaks each hour—it is difficult for attendees to focus for more than 1 hour at a time.
- Put in a break for each hour.
- You did a great job—flexibility was incorporated well.

Please suggest some future meeting topics or ideas

- What to do with a client using meth for the first 3 or 4 months while their system is cleaning out, in terms of work (what type of work) and in terms of treatment. My impression is that placing the client in intensive treatment is a waste of time but placing them in some type of services would be necessary.
- Approaches to strengthening family systems—providing what the adults need while helping their children also.
- Transitional living project and recovery programming.
- TANF participation, worksite experiences, supported work.

Please add additional comments

- I think this conference was excellent. I only wish frontline (state) workers could hear some of this information. Thank you so much.

- Have all Powerpoint slides in the handout (Matrix presentation had too many slides not in the handout).
- Jason McRoy did an excellent job.
- This has been the best and most informative sessions the regional office has held.
- Thank you.
- I really like how this was set up—1/2 day to travel, ending at lunch in order to travel back.